

# BUENA VISTA TOWNSHIP FOOD VENDOR APPLICATION



<b>Company Name:</b>	<b>Contact Numbers:</b>
<b>Address:</b>	<b>Contact Person:</b>
<b>Type of Business:</b>	<b>Years in Business:</b>
<b>Items you would like to be sold at the event are:</b> _____ _____	
<b>NOTE: Items must be reviewed by Buena Vista Township. Vendor will be contacted with final decisions.</b>	
<b>Do you use a vehicle to work your business?</b> <input type="checkbox"/> Yes (If yes, what kind of vehicle? _____) <input type="checkbox"/> No	
<b>For participation in a township event, the following documents below are required to be submitted. (If Applicable)</b>	
	Certificate of Liability Insurance showing Buena Vista Township as an additional insured.
	Current Board of Health certificate (In your respective area)
	Buena Vista Township Fire Permit <b>(Fee required in a separate check with attached application. See application.)</b>

## Food Vendor Fee Schedule for 2019

(Please check appropriate size and submit corresponding payment with application)

<input type="checkbox"/> 10x10 Ft area serving 3 items or less..... \$75.00 <input type="checkbox"/> 10x10 Ft area serving 4- 8 items..... \$150.00 <input type="checkbox"/> More than 10x10 and/or 9 items (Tented/Non Truck).. \$200.00 <input type="checkbox"/> All Food Trucks/Catering Vehicles..... \$200.00	<b>PAID:</b> <b>Date:</b> _____  <b>Cash</b> _____  <b>Check #</b> _____
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I hereby certify that the information provided on this application is true and correct. I will provide all necessary paperwork and fee(s) required to participate in the

### Independence Day Celebration (2019)

(List Name of Buena Vista Township Event)

I will also abide by the rules outlined in the attachments to this application and understand Buena Vista Township reserves the right to decline this application.

Applicant's Name and Title	Date
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# BUENA VISTA TOWNSHIP FOOD VENDOR APPLICATION



(Attachment I)

Date: \_\_\_\_\_

\_\_\_\_\_

(List Name of Company or Individual)

agrees to participate in the 31st Annual Independence Day Celebration  
(Name of Event)

to be held on July 6, 2019 (Rain Date July 13, 2019)  
(List date of event)

- Vendor will comply with the list of prohibited items stated on Attachment II
- Vendor will pay the designated fee (listed on cover page) to participate in the event.
- Vendor will provide the following forms (if applicable):
  - Certificate of Insurance listing Buena Vista Township as an additional insured.
  - Current Board of Health Inspection Certificate (from your specific municipality)
  - All fees must be paid.
- Vendor will set up at the specified time and place as discussed prior to the event.
- Vendor will sell **ONLY** the items approved by Buena Vista Township.
- Vendor will supply their own power source/generator (if necessary)

I agree and comply with the above terms and conditions. If these terms and conditions are not met, I will not be able to participate in the event and understand Buena Vista Township reserves the right to decline this application.

\_\_\_\_\_  
Vendor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Township Official Signature

\_\_\_\_\_  
Date

**BUENA VISTA TOWNSHIP**

# PROHIBITED EVENT ITEMS

(Attachment II)

The following items are **PROHIBITED** from being sold at Buena Vista Township Events. This list is subject to change and the Buena Vista Township Special Event Committee has the right to change/add items to this list. **Anyone that does NOT comply with this list will be asked to leave the premises immediately. NO EXCEPTIONS!!**

TOBACCO PRODUCTS OF ANY KIND  
HAIR SPRAY  
INK  
POPPERS  
POTATO GUNS  
SQUIRT GUNS  
GUNS (REAL OR TOYS)  
KNIVES (REAL OR TOYS)  
SMOKE BOMBS or STINK BOMBS  
SNAPS  
SILLY STRING – ANY TYPE  
ANY NEW PRODUCT CREATING NOISE OR THAT MIGHT SCARE SOMEONE  
NO PRESCRIPTION DRUGS  
NO ALCOHOLIC BEVERAGES  
NO ILLEGAL DRUGS  
NO EXOTIC ANIMALS

If you think that a product you carry is not ***PARENT FRIENDLY*** or may cause physical damage to a person, please be responsible and remove it from your table or booth. The safety of our citizens and patrons of the event is of utmost importance to us, and your cooperation regarding this matter is expected and appreciated.

***I agree to abide by the list of restricted items listed above with the full understanding that I will be removed from the event immediately if violated and I will not be invited to return in the future.***

Please sign and date below and return with your check or money order and Registration Form.

Name of Vendor

Signature

Date

Thank you.

*Buena Vista Township Special Events Committee*